**SEC 1972** (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response ...

SEC USE ONLY							
Prefix	Prefix Serial						
DATÉ RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series B'Preferred Stock (and Common Stock issuable upon conversion thereof); Series A Stock issuable upon conversion thereof) issued in exchange for outstanding Series C Prefe	,
File Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐	ULOE
Type of Filing: ☑ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
BroadLogic Network Technologies Inc.	02067643
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1740 Technology Drive, Suite 500, San Jose, CA 95110	408/452-3300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code)  Same as above
Brief Description of Business  Develop semiconductors for cable, satellite and terrestrial broadcast applications	
Type of Business Organization  ☑ corporation ☐ limited partnership, already formed ☐ other ☐ business trust ☐ limited partnership, to be formed	(please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated DEC 2 6 2002
CN for Canada; FN for other foreign jurisdiction)	THOMSON
CENERAL INSTRUCTIONS	FIVAIRCIAL

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230:501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information re	7	<del>-</del>			
· · · · · · · · · · · · · · · · · · ·		er has been organized withi			
		wer to vote or dispose, or	direct the vote or dispos	ition of, 10% or i	more of a class of equity
securities of the iss  • Each executive off	•	corporate issuers and of cor	marata canaral and mana	ing portners of nor	tnouchin issuars and
		partnership issuers.	porate general and manag	ing parmers or par	mership issuers, and
				[ D'	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Francesca, Tony	i marvidaury				
Business or Residence Addre	occ Number and Str	reat City State 7in Code)	·		<u> </u>
	-	an Jose, CA 95110			
	Promoter			[ Dimester	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, i	f individual)				
Lerone, Thomas A	•				
Business or Residence Addre		reet City State Zin Code)			
	•	an Jose, CA 95110			
Check Box(es) that	Promoter	Beneficial Owner	■ Executive Officer	Director	General and/or
Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, i	f individual)				
Woodburn, Jerem	,				
Business or Residence Addre	<u> </u>	reet City State Zin Code)		·····	
		an Jose, CA 95110			
Check Box(es) that	Promoter	☐ Beneficial Owner		Director	General and/or
Apply:	i romoter	Beneneial owner	E Executive Officer	Director	Managing Partner
Full Name (Last name first, i	f individual)				
Zhang, Weimin					
Business or Residence Addre	ess (Number and Str	reet, City, State, Zip Code)			
		an Jose, CA 95110			
Check Box(es) that	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or
Apply:		_			Managing Partner
Full Name (Last name first, i	f individual)				
Rappaport, Andre	ew				
Business or Residence Addre	ess (Number and Str	reet, City, State, Zip Code)			
c/o August Capita	l, 2480 Sand Hill F	Road, Suite 101, Menlo Pa	rk, CA 94025		
Check Box(es) that	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or
Apply:					Managing Partner
Full Name (Last name first, i					
Faizullabhoy, Dai	rial				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Walden Intern	ational Investmen	t Group, One California S	treet, Suite 2800 , San F	rancisco, CA 941	11
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Sheeline, Kip	•				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
		LLC, 44 Montgomery Sti	eet, Suite 1200, San Fra	ncisco, CA 94104	ļ.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<i></i>										
		A. BASIC IDENTI	FICATION DATA							
2. Enter the information req										
		er has been organized with								
Each beneficial owr securities of the issu		wer to vote or dispose, or	direct the vote or dispos	ition of, 10% or	more of a class of equity					
<ul> <li>Each executive offic</li> </ul>	er and director of	corporate issuers and of co	rporate general and manag	ing partners of par	rtnership issuers; and					
<ul> <li>Each general and ma</li> </ul>	maging partner of	partnership issuers.			-					
Check Box(es) that Apply:	(es) that Apply: Promoter 🗵 Beneficial Owner 🔲 Executive Officer 🔲 Director 🔲 General and Managing I									
Full Name (Last name first, if	individual)									
Walden Internation	al Investment Gr	oup Funds								
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)								
Walden Internation	ial Investment Gi	roup, One California Stre	et, Suite 2800 , San Franc	cisco, CA 94111						
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Star Bay Partners,	L.P. (Rollover Fu	ınd), Star Bay Technolog	y Ventures IV, L.P. and S	Star Bay Associat	es Fund, L.P.					
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)								
c/o Levensohn Cap	ital Management	LLC, 44 Montgomery St	reet, Suite 1200, San Frai	ncisco, CA 94104	<b>,</b>					
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Presidio Venture P	artners and Sumi	tomo Corporation								
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)								
5150 El Camino Re	al, #C31, Los Alt	os, CA 94022								
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or					
					Managing Partner					
Full Name (Last name first, if	individual)									
Adaptec, Inc.										
Business or Residence Address	•									
691 South Milpitas	, Milpitas, CA 95	5035								
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if										
Coastdock & Co. a	s nominee for Cis	co Systems, Inc.								
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)								
170 West Tasman I	Drive, San Jose, C	CA 95134		•						
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
August Capital II,	L.P. and August	Capital III, L.P.								
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)								
	•	nlo Park, CA 94025								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

						B. INFOR	MATION	ABOUT O	FFERING				
1.	Has t	he issuer s	sold, or do	es the issu	er intend t	o sell, to no	on-accredite	ed investors	in this offer	ing?			Yes No □ ⊠
									ng under UI	_			
2.	What	t is the mir	nimum inv	estment th	at will be	accepted fr	om any ind	ividual?				\$	N/A
3.	. Does the offering permit joint ownership of a single unit?							Yes No ☑ □					
4.	If a p	nission or person to b ates, list th	similar rer e listed is e name of	nuneration an associathe broke	n for solic ated person r or dealer	itation of p n or agent o . If more t	ourchasers in of a broker	n connectio or dealer re persons to	n with sales gistered with be listed are	of securitient of the SEC at	or indirectly, es in the offe nd/or with a persons of so	ring. state	
Full	Name	e (Last nar	ne first, if	individual	)								
Busi	iness o	or Residen	ce Addres	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)		•			
Nam	ne of A	Associated	Broker or	Dealer									. <u></u>
State	es in V	Which Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	ers					
(0	Check	"All State	s" or checl	c individu	al States)			•••••					All States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1]	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R	Ι]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	e (Last nar	ne first, if	individual	)								
Busi	iness o	or Residen	ce Addres	s (Number	and Stree	et, City, Sta	te, Zip Cod	e)					
Nan	ne of A	Associated	Broker or	Dealer				<del> </del>					
							icit Purchas						☐ All States
ſΑ	.L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
-	_										[MN]	[MS]	[MO]
	- , [T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
-	.1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Bus	iness (	or Resider	ice Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	e)					
Nan	ne of	Associated	Broker or	Dealer					-				
INALI	ile of A	ASSOCIATED	DIUKEI OI	Dealei									
							icit Purchas						☐ All States
	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[ [	[[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, N	JMBER OF INVESTORS, EXPENSES A	ND U	JSE	OF PROCEED	S			
(	<ul> <li>Enter the difference between the aggregat Question 1 and total expenses furnished in respladjusted gross proceeds to the issuer."</li> </ul>	e offering price given in response to Part C - conse to Part C - Question 4.a. This differen	ice is	the		\$		11,879,277	
1 6	ndicate below the amount of the adjusted groups and for each of the purposes shown. If the asstimate and check the box to the left of the equal the adjusted gross proceeds to the issue above.	amount for any purpose is not known, furnities, in the total of the payments listed	ish an must	l :					
					Payments to Officers, Directors, & Affiliates		F	ayments To Others	
	Salaries and fees		. 🗆	\$	194,000		\$	<b>~</b> 0~	
	Purchase of real estate		. 🗆		-0-			-0-	
	Purchase, rental or leasing and installation	of machinery and equipment	. 🗆	\$_	-0-		\$	-0-	
	Construction or leasing of plant buildings	and facilities	. 🗆	\$_	-0-		\$_	-0-	
	Acquisition of other business (including the offering that may be used in exchange for issuer pursuant to a merger)	ne value of securities involved in this the assets or securities of another	<b></b>	\$	-0-	П	\$	-0-	
				_	-0-		\$	-0-	
	Working capital		🗆	\$	-0-	×	\$	11,685,277	
	Other (specify):			\$_	-0-		\$	-0-	
	Column Totals		. 🗆	\$	-0-	X	\$	11,685,277	
	Total Payments Listed (column totals adde	ed)		\$	194,000	X	\$	11,685,277	
				_			_		
	- Add American	D. FEDERAL SIGNATURE							
follow	ssuer has duly caused this notice to be signering signature constitutes an undertaking by the staff, the information furnished by the issuer to	ne issuer to furnish to the U.S. Securities an	d Exc	han	ge Commission.	upor	r R	ule 505, the itten request	
Issuer	(Priñt or Type)	Signature		D	ate				
Broad	Logic Network Technologies Inc.	of Lewone		December <u>13</u> , 2002					
Name	or Signer (Print or Type)	Title of Signer (Print or Type)							
Thom	as A. Lerone	Chief Financial Officer							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)